

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.	249	4/22/99
O.I.P.E. CLASSIFIER	SA	37	4/22/99
FORMALITY REVIEW	JO	66954	5-6-97

## INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
(Through numeral)..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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